

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. ~~100-1-1~~

28/3/90

Water Right Permit No.

(1) OWNER: Name GORDON ERICKSON

Address 3695 So Belles Beach Rd Tract 4ND 98260

(2) LOCATION OF WELL: County ISLAND

SW SE 9 T. 28 N., R. 3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address)

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☐ DeWater

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one)

Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6" inches.  
Drilled 130 feet. Depth of completed well 122 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 95 ft.  
Welded ☒ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐

Type of perforator used \_\_\_\_\_  
SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Smith Model No. S-S-welded  
Type Slotted  
Diam. 6" Slot size 8 slot from 110' ft. to 100' ft.  
Diam. 6" Slot size 10 slot from 100' ft. to 95' ft.

Gravel packed: Yes ☒ No ☐ Size of gravel 10' 5" casing  
Gravel placed from \_\_\_\_\_ ft. to TAK P. PC 10-130

Surface seal: Yes ☒ No ☐ To what depth? 30 ft.

Material used in seal Benofic

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_ H.P. \_\_\_\_\_  
Type: \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation \_\_\_\_\_ ft.  
Static level 74' ft. below top of well Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller  
Yield: 20 gal./min. with 10' ft. drawdown after 2 1/2 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test \_\_\_\_\_

Ball test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Air test \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

Work started 9/11/92, 19. Completed 9/17/92, 19.

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME ARNOLD'S PLUMBING & Septic  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address \_\_\_\_\_

(Signed) Joe H... License No. 264  
(WELL DRILLER)

Contractor's Registration NC600 562-2859 Date 9-19, 19 92

(USE ADDITIONAL SHEETS IF NECESSARY)